

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90084 043 ****61.25

DOCUMENT # N02000000004



1. Entity Name
**THE POTTERS HOUSE BAPTIST CHURCH OF MIAMI FLORID
A, INC.**

Principal Place of Business
555 NW 52 ST
MIAMI FL 33127

Mailing Address
555 NW 52 ST
MIAMI FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ATKINSON, GLADYS
555 NW 52 ST
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **EASLEY, MICHAEL L**
STREET ADDRESS **7441 NW 21ST AVE STE D**
CITY-ST-ZIP **MIAMI FL 33147**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☒ Delete
NAME **EASLEY, MICHAEL L**
STREET ADDRESS **7441 NW 21ST AVE STE D**
CITY-ST-ZIP **MIAMI FL 33147**

☐ Change ☒ Addition
TITLE **CEO**
NAME **Easley, Michael L**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **JORDAN, MARY**
STREET ADDRESS **410 NW 83RD ST**
CITY-ST-ZIP **MIAMI FL 33150**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **EASLEY, MICHAEL JR**
STREET ADDRESS **7441 NW 21ST AVE STE D**
CITY-ST-ZIP **MIAMI FL 33127**

☐ Change ☒ Addition
TITLE
NAME **Michael Easley D**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOWE, DORTHY**
STREET ADDRESS **1250 NW 90TH ST**
CITY-ST-ZIP **MIAMI FL 33147**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **WILLIAMS, JAMICA**
STREET ADDRESS **7441 NW 21ST AVE STE D**
CITY-ST-ZIP **MIAMI FL 33147**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Easley Jr*

2/10/03

305 759 4739

CR2E037 (10/02)